Yes No X					
]	nt child because	sactions, or liabilities of a spouse or depende with the Committee on Ethics.	l" income, trans	ets, "unearneces ss you have fi	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
No No	disclosed. Have yo	d certain other "excepted trusts" need not be disclosed. Have you ild?	on Ethics and dependent chil	the Committee our spouse, or	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
QUESTIONS	OF THESE	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORI	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
on in this part must be answered and the chedule attached for each "Yes" response.	t must be ar hed for each	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	N <sub>S</sub>	Yes	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule V.
Yes No N	or arrangement wi	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	□ S	Yes	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?  If yes, complete and attach Schedule IV.
Yes No X	ກ or before the da	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	No No	Yes	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.
Yes No X	hild receive any el in the reporting rce)?	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?  If yes, complete and attach Schedule VII.	×	Yes	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?  If yes, complete and attach Schedule II.
Yes No No	alid receive any	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	S S	Yes	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.
		E QUESTIONS	ANSWER EACH OF THESE	R EACH	PRELIMINARY INFORMATION — ANSWE
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 pena against anyo 30 days late	ee Employing Office:  Termination Date:	Officer or Employee	Amendment	Status  Member of the U.S. State:  Status  House of Representatives District:  Type  Mnnual (May 16, 2011)
2011 MAY -3 PM 12: 18  2015 MAY -3 PM 12: 18  OFFICE OF THE CLERK  OFFIC	201.	Daytime Telephone: 202 - 225-8 פאר	Daytime 1		Name: And Georges Shop
HAND DELIVERES	HAND	Form A For use by Members, officers, and employees	MENT	TIVES RE STATE	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

	Name And
J	Georges
	a do
	Page 2

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

								Canty of San Mateo - California	Ontario County Board of Education	Examples: State of Maryland  Civil War Roundtable (Oct. 2nd)	Keene State	Source	
						Band of Supervisors)	San Mateo County	legislative Pension	Spouse Salary	Spouse Speech	Approved Teaching Fee	Туре	
					55 155 155 155 155			\$11.327.46	NA	\$1,000	\$6,000	Amount	

## Asset and/or Income Source **BLOCK A**

of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other more than \$200 in "unearned" income during the year. reportable asset or sources of income which generated Identify (a) each asset held for investment or production

not use ticker symbols.) Provide complete names of stocks and mutual funds (do

value at the end of the reporting period the name of the institution holding the account and its ment accounts which are not self-directed, provide only account that exceeds the reporting thresholds. For retireinvestments), provide the value for each asset held in the the power, even if not exercised, to select the specific plans) that are self-directed (i.e., plans in which you have For all IRAs and other retirement plans (such as 401(k)

For rental or other real property held for investment, provide a complete address.

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ness, the nature of its activities, and its geographic locathat is not publicly traded, state the name of the busition in Block A. For an ownership interest in a privately-held business

accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrif ing \$5,000 or less in a personal checking or saving income during the reporting period); any deposits totalhomes and vacation homes (unless there was rental Exclude: Your personal residence, including second

income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the If you so choose, you may indicate that an asset or optional column on the far left.

as follows: please indicate asset is sold, portion of an If only a

please refer For a detaile

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Example

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## Value of Asset **BLOCK B**

please specify the method used method other than fair market value, reporting year. If you use a valuation Indicate value of asset at close 으

generated income, the value should be year and is included only because it If an asset was sold during the reporting

if the asset generated no income dur-

disclosed as income. Check "None" gains, even if reinvested, must be Dividends, interest, and capital

ing the reporting period

Type of Income BLOCK C

Check all columns that apply. For

that generate tax-deferred income you to choose specific investments <u>or</u> retirement accounts that do not allow

may check the "None" column. (such as 401(k) plans or IRAs), you

even if reinvested, must be disclosed checking the appropriate box below. as income. Check "None" if no income indicate the category of income by the "None" column. For all other assets, as 401(k) plans or IRAs), you may check that generate tax-deferred income (such was earned or generated. Dividends, interest, and capital gains, you to choose specific investments For retirement accounts that do not allow Ø

BLOCK D

BLOCK E

Amount of Income \$1,000 in exceeding exchanges (E) sales (S), or purchases (P), reporting year. asset had Indicate if the **Fransaction** 

personal ted Cill accept	TIA Ideaction	- Republic Back (acot )		A-Swins Plan (401-K)	1st Bank of Paducah, KY Accounts	Hes: Simon & Schuster	SP Mega Corp. Stock	plete address.  plete address.  mership interest in a privately-held business publicly traded, state the name of the businature of its activities, and its geographic locak. A.  Your personal residence, including second divacation homes (unless there was rental ring the reporting period); any deposits totalior less in a personal checking or saving or large in a personal checking or saving and any financial interest in, or income derived leral retirement program, including the Thrittan.  Choose, you may indicate that an asset or choose, you may indicate that or asset or is jointly held with your spouse (JT), in the lumn on the far left.  lied discussion of Schedule III requirements, or to the instruction booklet.
			ļ	:	_	<u> </u>	-	None
7	-	×		1	L	Inde		\$1 - \$1;000
-			-	1		Indefinite		\$1,001 – \$15,000
			<u>`</u>	-	-	-	×	\$15,001 - \$50,000
			ļ	7 12	×		Ĥ	\$50,001 – \$100,000
			1	1		1		\$100,001 - \$250,000
				×				\$250,001 - \$500,000 <b>\$500,001 \$1,000,000</b>
	1		<del> </del>			<del> </del>		\$1,000,001 – \$5,000,000
								\$5,000,001 \$25,000,000
			<u> </u>			-	-	\$25,000,001 - \$50,000,000
		4						Over \$50,000,000
>	١ -			X				NONE
							×	DIVIDENDS
			<u> </u>		×			RENT
		×						INTEREST
							×	CAPITAL GAINS
								EXCEPTED/BLIND TRUST
						Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)
<b> </b>   <b>&gt;</b>	<			X				None
		X						\$1 + \$200
								\$201 \$1,000
							×	\$1,001 - \$2,500
		<u> </u>						\$2,501 – \$5,000
					×			\$5,001 - \$15,000
		ļ			<u> </u>			\$15,001 - \$50,000
								\$50,001 - \$100,000
					,,,,,	×		\$100,001 - \$1,000,000
		<b>1</b>			1.	21 16 3 19		\$1,000,001 - \$5,000,000
								Over \$5,000,000
							S (partial)	asset is sold, please indicate as follows: (S) (partial) See below for example.  P, S, E

SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

None	ВLОСК А	ВLО	BLOCK B		BLOCK C			BLOCK D
None	Asset and/or income Source	Year Value o	r-End of Asset		Type of Incon		Amc	unt of in
None   Si - \$1,000   Si,001 - \$100,000   Si,001 - \$100,000   Si,001 - \$100,000   Si,001 - \$250,000   Si,001 - \$100,000   Si,001 - \$100,000   Si,000 - \$250,000   Si,000 - \$25,000,000   Si,000 - \$25,000,000   Si,000,001 - \$25,000,000   Si,000,001 - \$25,000,000   Si,000,001 - \$25,000,000   Si,000,000   S		В C D E	# - -				=	< ≤
None   \$1 - \$1,000   \$1.001 - \$15,000   \$15,001 - \$15,000   \$15,001 - \$10,000   \$1,000,001 - \$250   \$250,001 - \$10,000   \$10,000,001 - \$250   \$250,001 - \$10,000   \$10,000,001 - \$250   \$250,001 - \$10,000,001 - \$250   \$250,000,001 - \$10,000,001 - \$250   \$250,000,001 - \$10,000,001 - \$250   \$250,000,001 - \$10,000,001 - \$250   \$250,000,001 - \$10,000,001 - \$250   \$250,000,001 - \$10,000   \$10,000,001 - \$250   \$250,000,001 - \$10,000   \$10,000,001   \$10,000,001   \$10,000,001   \$10,000,001   \$10,000,001   \$10,000		000	0,000 00,000 ,000,000 5,000,000	0				· .
The state of the s		-\$1,000 ,001 - \$15,000 5,001 - \$50,000 60,001 - \$100,00	250,001 - \$500,0 600,001 - \$1,000 1,000,001 - \$5,00 6,000,001 - \$25,0	ONE VIDENDS	APITAL GAINS	specify: e.g., artnership Incom	1 <b>- \$200</b> 201 - \$1,000	2,501 – \$5,000 5,001 <b>– \$15,000</b>
A Throne Find XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	<del>-</del>       -	\$ \$ \$	\$ \$ \$	\ E	1	() F	1	3
The Flat Bond  The Flat Bond  X  Sayle Global Class  X  X  X  X  X  X  X  X  X  X  X  X	ects Lowester							
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Crewant Inoth.  Sayle Clobal Class  Water Fairly + Thome.  A X X X X X X X X X X X X X X X X X X	Trone	×		*				
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Appent Particular Tixane X X X X X X X X X X X X X X X X X X X	Sale Global	X		<b>X</b> ,				+
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	Cash	×			×		×	
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# SCHEDULE IV- TRANSACTIONS

or dependent child during the reporting period of any security or real prop-	of Transaction	insacti	<u>-</u> -		Date			3	ź	를 구	Amount of Transaction	ST.	3	
				oital 3200	(MO/DAV/VB)	<b>&gt;</b>	ס	<b>O</b>	<b>5</b>	TI .	п	<b>a</b>	I	_
delight. Exclude datasactions between you, your spouse of dependent chirdren, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate if the control of the asset is sold, please so indicate if the control of the asset is sold, please so indicate if the control of the control o	ASE		NGE	x if Cap eeded \$	Or Quarterly,						0	0 '	00	01- 00
Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	PURC	SALE	EXCH	Check B Gain Ex	Bi-weekly, if applicable	\$1,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001 \$250,000	\$250,001 \$500,000	\$500,001 \$1,000,00	\$1,000,00 \$5,000,00	\$5,000,00 \$25,000,0	\$25,000,0
SP, DC, JT Asset														
Example: Mega Corpo		×			10-12-10		×			Ш				
Moved Heathard Grave 401-K-6					3-10-10					X				
This Swins Plan				:				ļ			<u></u>			1
March-10-2010														1
														1
Fidelity CA Muni Morey Mentet.		*			4-25-10						X			
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